

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32763

1. PLACE OF DEATH

39 County GreeneRegistration District No. 318Township 3Primary Registration District No. 2001City Springfield (No. East 20th)

File No.

Registered No. 715

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 454 E. Walnut Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splasher, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Park DATE Oct 10 1933

19. UNDERTAKER (ADDRESS)

20. FILED 10-10-1933 Ralph W. Angstrom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 193322. I HEREBY CERTIFY, That I attended deceased from August 30 1933 to October 9 1933I last saw him alive on October 9 1933 Death is saidto have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of prostate

Other contributory causes of importance

Purulent nephritisName of operation Prostatic resection Date of Sept 10 1933What test confirmed diagnosis? Jan Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Robert Glynn, M. D.(Address) Springfield Mo.

